Swaziland

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population **Download summary page as PDF** **E-mail this page**
Suggest Updates

- Adults
- Children 5 to 12 Years and Older and Greater than or Equal to 40kg
- Children Greater than 5 to 12 Years and Older and Less than 40kg
- Children 3 to less than 5 Years
- Children Less than 3 Years
- Pregnant Women

- Swaziland Integrated HIV Management Guidelines (**PDF** / 5 **MB**)

Adults

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All HIV infected adults and adolescents with CD4 less than 500 cells/mm should be started on ART
Special attention should be given to patients with advanced disease (CD4 less than or equal to 350 cells/mm3 OR WHO stage III or IV) and those above 50 years of age. They should be initiated on ART as a matter of urgency. Special Populations listed below should be started on ART regardless of CD4 cell count or WHO clinical stage:

- Patients with tuberculosis
- Patients with HBV co-infection
- Patients with HIV Associated Nephropathy (HIVAN)
- The HIV positive partner in a sero-discordant relationship

Regimen Options:

First Line:

Recommended: TDF + 3TC + EFV

Second Line:

AZT + 3TC + LPV/r or ATV/r*

*preferred when available

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

Alternate:
When EFV cannot be used: TDF + 3TC + NVP

Second Line:

AZT + 3TC + LPV/r or ATV/r*

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

Alternative:
When EFV cannot be used: AZT + 3TC + NVP

Second Line:

TDF + 3TC + LPV/r or ATV/r*

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

Alternative:
When TDF cannot be used:
ABC + 3TC + EFV

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

Alternative:
When TDF cannot be used:
AZT + 3TC + EFV

Second Line:

TDF + 3TC + LPV/r or ATV/r*

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

Alternative:
When AZT cannot be used: ABC + 3TC + EFV

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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First Line:

d4T + 3TC + EFV

Third Line:

Darunavir/ritonavir (DRV/r) 600mg/100mg 12 hourly + Etravirine (ETV) 200mg 12 hourly + Raltegravir (RAL) 400mg 12 hourly

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Reference:

Swaziland Integrated HIV Management Guidelines (2015)

Children 5 to 12 Years and Older and Greater than or Equal to 40kg

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Greater than or equal to 5 years old: All children with CD4 less than 500 cells/mm3 or WHO stage III or IV

Regimen Options:

First Line:

Preferred: TDF + 3TC + EFV (adult FDC)

Second Line:

Children less than 12 years: AZT+3TC+LPV/r
Children greater than or equal to 12 years: AZT+3TC+LPV/r or ATV/r

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case

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First Line:

Alternative: AZT + 3TC + NVP*

*The above recommendations apply to children initiating ART for the first time. All children already on ART should remain on their current regimen. However, for children still on d4T-based regimen, efforts should be made to substitute d4T to an appropriate regimen based on their age and weight as soon as possible

Second Line:

Children less than 12 years: ABC+3TC+LPV/r
Children greater than or equal to 12 years: TDF+3TC+LPV/r (if greater than 40 kg) or ABC+3TC+LPV/r (if less than 40kg)

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case

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Reference:

Swaziland Integrated HIV Management Guidelines (2015)

Children Greater than 5 to 12 Years and Older and Less than 40kg

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Greater than or equal to 5 years old: All children with CD4 less than 500 cells/mm3 or WHO stage III or IV

Regimen Options:

First Line:

Preferred: ABC + 3TC + EFV

Second Line:

Children less than 12 years: AZT+3TC+LPV/r
Children greater than or equal to 12 years: AZT+3TC+LPV/r or ATV/r

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case.

First Line:

Alternative: AZT + 3TC + NVP

Second Line:

Children less than 12 years: ABC+3TC+LPV/r
Children greater than or equal to 12 years: TDF+3TC+LPV/r (if greater than 40 kg) or ABC+3TC+LPV/r (if less than 40kg)

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case.

Reference:

Swaziland Integrated HIV Management Guidelines (2015)

Children 3 to less than 5 Years

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Under 5 years old: All HIV-positive children are eligible regardless of CD4 or Presumptive diagnosis in children less than 18 months (prioritize confirmation of infection with DNA-PCR)

Regimen Options:

First Line:

NVP-exposed
Preferred: ABC + 3TC + LPV/r

Alternative: AZT + 3TC + LPV/r

Second Line:

If child less than 3 years: keep current regimen, reinforce adherence, reassess after 6 months
If child greater than 3 years consult MDT or call Baylor hotline for second line failure assessment

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case.

First Line:

Not NVP-exposed:
Preferred: ABC + 3TC + EFV

Alternative: AZT + 3TC + NVP

Second Line:

Children less than 12 years: AZT+3TC+LPV/r

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case.

Reference:

Swaziland Integrated HIV Management Guidelines (2015)

Children Less than 3 Years

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Less than 5 years old: All HIV-positive children are eligible regardless of CD4 or Presumptive diagnosis in children less than 18 months (prioritize confirmation of infection with DNA-PCR)

Regimen Options:

First Line:

Less than 3 Years:
Preferred: ABC + 3TC + LPV/r
Alternative: AZT + 3TC + LPV/r

Second Line:

If first-line regimen is ABC+3TC+LPV/r, AZT+3TC+LPV/r, or d4T+3TC+LPV/r; use the following based on age and weight:
If child less than 3 years: keep current regimen, reinforce adherence, reassess after 6 months
If child greater than 3 years consult MDT or call Baylor hotline for second line failure assessment

Third Line:

Darunavir/ritonavir (DRV/r) + Etravirine (ETV) + Raltegravir (RAL)

Evaluation for third-line ART needs to be done by paediatric specialists and the recommendation is to contact the Baylor Clinicians in Mbabane, Manzini or Hlatikhulu. It is highly recommended to call the paediatric hotline to consult on each individual case.

Reference:

Swaziland Integrated HIV Management Guidelines (2015)

Pregnant Women

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All pregnant and lactating HIV-positive women should be initiated on lifelong ART regardless of CD4 and/ or WHO clinical stage, preferably at the first ANC visit, while maintaining ongoing counselling

Regimen Options:

First Line:

TDF + 3TC + EFV as soon as possible

- Ensure woman has received one 25 ml bottle of NVP with a syringe and instructions for the mother to give to the baby 1.5 ml daily if she delivers at home.
- Ensure woman is on CTX 960mg OD

First Line:

Exposure to sdNVP (+/- antepartum AZT)with no tail in the last 12 months: Initiate a non-NNRTI regimen, TDF + 3TC + LPV/r or TDF + 3TC + ABC (temporarily, substitute ABC after 12 months from the last exposure).PI based regimen preferred over 3 NRTIs regimen.

First Line:

Exposure to sdNVP (+/- antepartum AZT) with an AZT + 3TC tail in the last 12 months: Initiate a regimen with an NNRTI, TDF + 3TC + EFV unless there are any contraindications.

First Line:

Exposure to sdNVP (+/- antepartum AZT) with or without a AZT + 3TC tail over12 months ago: Initiate a regimen with an NNRTI, TDF + 3TC + EFV unless there are any contraindications.
All HIV exposed infants should be offered NVP prophylaxis for six weeks postpartum.

Reference:

Swaziland Integrated HIV Management Guidelines (2015)